



**Washington Mutual**

## **Important Privacy Choices for Consumers**

**You have the right to control whether we share some of your personal information.**

**We are required to provide this notice to you annually per the California Financial Information Privacy Act, however, if you have previously opted out, you will not need to do so again, unless you are establishing a new customer relationship with us.**

*This Privacy Policy applies to the following Washington Mutual companies and divisions: Long Beach Mortgage Company; Washington Mutual Bank; Washington Mutual Bank fsb; WMBFA Insurance Agency, Inc.; Washington Mutual Finance Group, LLC; Washington Mutual Finance of Mississippi, LLC; WMFS Insurance Services, Inc.; WM Financial Services, Inc.; WM Insurance Agency, Inc.; Washington Mutual Insurance Services, Inc.; Western Bank; Home Crest Insurance Services, Inc.; Norstar Mortgage Corp; WM Specialty Mortgage, LLC; California Reconveyance Company; Washington Reconveyance Company.*

### **Your Rights**

You have the following rights to restrict the sharing of personal and financial information with our affiliates (companies we own or control) and outside companies that we do business with. Nothing in this form prohibits the sharing of information necessary for us to follow the law, as permitted by law, or to give you the best service on your accounts with us. This includes sending you information about some other products or services.

### **Your Choices**

**Restrict Information Sharing With Companies We Own or Control (Affiliates):** Unless you say "No," we may share personal and financial information about you with our affiliated companies.

NO, please do not share personal and financial information with your affiliated companies.

**Restrict Information Sharing With Other Companies We Do Business With To Provide Financial Products And Services:** Unless you say "No," we may share personal and financial information about you with outside companies we contract with to provide financial products and services to you.

NO, please do not share personal and financial information with outside companies you contract with to provide financial products and services.

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### **Time Sensitive Reply**

You may make your privacy choice(s) at any time. **Your choice(s) marked here will remain unless you state otherwise.**

Name: \_\_\_\_\_  
(Please Print)

Account or Policy Number(s): \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(As required by California Financial Information Privacy Act)

#### **To exercise your choices do the following:**

Fill out, sign and send back this form to us using the envelope provided (you may want to make a copy for your records).